

# **EMERGENCY INFLUENZA SPECIALTY CARE UNIT (ISCU) PREPARATION CHECKLIST**

## **OBJECTIVES**

- Identify alternate patient care space so that the hospital has an emergency plan in place if the hospital is unable to support the needs of patients in existing hospital space.
- Provide safe, secure, appropriate and comfortable space for patients and staff.
- Assure that identified space will meet building safety codes and infection control standards and be ready in an emergency to accommodate patient and staff needs.

**Each category below has a list of requirements to assist you in planning for an ISCU site. Please note that the State will provide or supplement existing supplies if the item is identified with an asterisk, contingent upon funding. (\*) Please review each category (#1 -9) and respond “yes” or “no” on the basis of your ISCU site preparedness. Answer “yes” if all bulleted requirements have been addressed other than those provided by the State. Answer “no” if any bulleted requirement has not been addressed and is not provided by the State. If “no,” please identify the item(s) in the Comments Section, and explain the current status and plans to address the requirement. If you need additional space please attach a separate sheet of paper.**

<b>1) Administrative – basic provisions addressed to meet administrative needs</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"><li>• System to communicate with external authorities and community and internal management/staff, including provision of Status Reports to State as requested (e.g., #admissions/discharges, discharge disposition, staffing needs, etc.)</li><li>• Policies and procedures for the services the ISCU will provide; develop mechanism to credential or receive pre-credentialed staff to work in the ISCU as necessary.</li><li>• System to manage staffing plan (e.g., – medical, nursing, pharmacy, social work, respiratory therapy, health assistants, clerks, security, housekeeping, maintenance, medical records personnel and volunteers).</li><li>• System to orient and train personnel for ISCU services.</li><li>• Personnel Oversight/Support</li><li>• System for Incident Reporting</li><li>• Laboratory System (specimen collection, transport, analysis, reporting)</li></ul>	<ul style="list-style-type: none"><li>• Fiscal Plan to address expenses; Reimbursement Coding System</li><li>• Patient Admissions and Medical Record Systems, including information regarding patient identification, transfers, admissions, assessments and discharges.</li><li>• Treatment Planning and Discharge Planning Systems</li><li>• Building Management Services</li><li>• Laundry System (on or off-site)</li><li>• Communication Systems (telephone, internet access)</li><li>• Patient and Family Information System</li><li>• System to address interpreter service needs</li><li>• Transportation Plan (between sites as necessary, collaborate with local communities/ Elder Affairs, etc.)</li></ul>		
<b>Comments:</b>			

2) Facility Safety – basic provisions exist to meet fire/safety needs	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Staff Fire/Safety Training Plan</li> <li>Exit and Entrance Signs and Lighting</li> <li>Fire Extinguishers</li> <li><u>mandatory for inpatient care</u> (optional for outpatient only care)               <ul style="list-style-type: none"> <li>Fire Alarm System</li> <li>Sprinkler System</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Security System</li> <li>Relevant signage including no smoking</li> <li>Emergency power/generator or portable generator system</li> </ul>
<b>Comments:</b>	
3) Building Necessities – basic provisions exist to meet support service needs	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Toilets/sinks to meet needs of large numbers of patient/staff, including portable toilet units as necessary (indoors/outdoors as appropriate)</li> <li>Showers/place for patients to wash</li> <li>Private space can be created or exists (*State will provide privacy screens as needed and as available)</li> </ul>	<ul style="list-style-type: none"> <li>Isolation area for a minimum of two persons</li> <li>Storage Space/Utility space</li> <li>Reasonable access to Parking</li> <li>Bed space (approximately 80 SF per bed)</li> <li>Waiting/reception areas</li> <li>Triage area</li> </ul>
<b>Comments:</b>	
4) Dietary Requirements – basic provisions addressed to meet age specific nutritional needs and equipment and supply needs	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Food Services (utensils, refrigerator, cooking appliances, etc.), or ability to provide through food delivery arrangement, or other means, e.g., in a tent, or other building on campus</li> <li>Cleaning supplies/system</li> <li>Disposable or non-disposable dinnerware/flatware (utensils, plates, trays, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Potable water/ other drinks</li> <li>Non-perishable food including baby formula</li> <li>Food disposal system</li> </ul>
<b>Comments:</b>	

**5) Utility Necessities – basic provisions exist to meet utility service needs**☐ Yes ☐ No

- Plumbing - functioning hot and cold water
- Electricity
- Lighting
- Heating/Ventilation System
- Communication devices (e.g., telephone, fax, copier, computers, two-way radio, etc.) \*State will supplement as needed

**Comments:****6) Housekeeping – basic provisions addressed directly or through arrangement to meet housekeeping needs**☐ Yes ☐ No

- Cleaning/Disinfection supplies for incidental cleaning at a minimum (e.g., mops, pails, bleach, disinfectants, brooms, shovels) \* State will supply if not provided by the hospital or contract service
- Infectious and physically dangerous medical waste containers/removal system \*
- Covered trash containers and trash removal system
- Laundry containers for clean and soiled linen/removal system

**Comments:**

**7) Essential Medical Equipment/Supplies - basic provisions addressed to meet appropriately sized (adult/pediatric) medical equipment/supply needs**

☐ Yes ☐ No

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|---|---|
| <ul style="list-style-type: none"> <li>• Automated External Defibrillator(s) (AED)</li> <li>• Emergency cart supplies *</li> <li>• First Aid supplies *</li> <li>• Respiratory Therapy supplies and appropriate storage area (*State to provide respiratory therapy supplies including oxygen concentrators)</li> <li>• Portable x-ray equipment or <i>access</i> to x-ray (optional – please specify if x-ray <i>will</i> be provided)</li> <li>• Locked medication storage area</li> <li>• Medication refrigerator (*State will supply if none is available)</li> <li>• Medications (supportive influenza care only)*</li> <li>• Other medications as needed and available</li> <li>• Morgue packs</li> </ul> | <ul style="list-style-type: none"> <li>• Intravenous fluids/related equipment and IV poles *</li> <li>• Emesis basins *</li> <li>• Bed pans/urinals/ commodes *</li> <li>• Personal Protective Equipment –gloves, masks, gowns, etc *</li> <li>• Antimicrobial waterless hand sanitizer/dispensers *</li> <li>• Transport -Wheel Chair(s), Stretcher(s)</li> <li>• Walkers</li> <li>• Glucometer(s), urine/blood dipsticks *</li> </ul> |
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**Comments:**

**8) Essential Supplies & Tools- basic provisions addressed to meet need for supplies/tools**

☐ Yes ☐ No

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|---|--|
| <ul style="list-style-type: none"> <li>• Bed linens, cloth towels, patient gowns/slippers *</li> <li>• Beds/Cots/cribs *</li> <li>• Bedside tables *</li> <li>• Battery operated radio</li> <li>• Flashlights, Batteries</li> </ul> | <ul style="list-style-type: none"> <li>• Waterproof containers for clinical records, matches, etc. *</li> <li>• Plastic bags *</li> <li>• Fans</li> <li>• Basic Tool Set</li> <li>• Office Supplies *</li> </ul> |
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**Comments:**

<b>9) Personal Hygiene Supplies - basic provisions addressed to meet personal hygiene needs</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>Personal hygiene supplies (e.g., shampoo, soap, toothpaste, toothbrush, deodorant, lotion, feminine hygiene) *</li> <li>Diapers – infant/child/adult *</li> </ul>	<ul style="list-style-type: none"> <li>Toilet paper, paper towels, facial tissues, towelettes and dispensers *</li> </ul>
<b>Comments:</b>	
<b>RECOMMENDATIONS - provisions to address minimum financial/security needs of occupants; provisions to meet activity needs particularly in waiting areas.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>Financial Security needs - valuables storage;</li> <li>credit card/petty cash as necessary</li> </ul>	<ul style="list-style-type: none"> <li>Age appropriate activity supplies – books, magazines, cards, board games, paper, writing materials, television VRC/DVD</li> </ul>
<b>Comments:</b>	